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## \*BIBDATASHEET\*

CONFIRMATION NO. 1641

Bib Data Sheet

SERIAL NUMBER 09/644,777	FILING DATE 08/23/2000  RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 10,033
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APPLICANTS  
  
Roger P. Jackson, Mission Hills, KS;

\*\* CONTINUING DATA \*\*\*\*\*  
none CCS

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
none CCS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 10/16/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 2	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 8
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after  
 Verified and Acknowledged  
 Examiner's Signature: [Signature] Initials: CCS

ADDRESS  
John C McMahon  
P O Box 30069  
Kansas City, MO  
64112

TITLE  
Threadform for medical implant closure

FILING FEE  RECEIVED 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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